CENTER FOR ADVANCING HEALTHY COMMUNITIES | NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS — Promoting Health. Preventing Disease.

National Association of Chronic Disease Directors
CDC Arthritis Expert Panel Design Session #2 - Screening Continued/Brief Advice/Counseling
May 23, 2023 @ 10:00 a.m. ET

Notes and Summary Document

- Meeting Recording: https://vimeo.com/829937631
- Additional information: Please visit the private Expert Panel web page for a link to the recording from today, summary documents and additional information

Participants:

39 Total Participants (including presenters and facilitators)

Project Overview:

The National Association of Chronic Disease Directors (NACDD) Arthritis Portfolio is working to develop an arthritis care model that supports innovative efforts that enhance healthcare provider awareness, knowledge, and skills in promoting physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression.

Design Session #2 Objectives:

- Examine arthritis appropriate evidence interventions (AAEBIs) and how they support modified physical and behavior change across arthritis disease progression
- Refine care pathway for the arthritis care model screening component
- Examine methodology to support brief advice/counseling/ triage and associated counseling tools to recommend for health system pilot
- Assess how PROMIS+PAVS thresholds and other considerations (e.g., health status, risk assessment, patient preference) may drive care pathway
- Engage in peer-to-peer sharing, learning, and networking

Pre-read:

- Resource Library for Health Systems Pilot: https://chronicdisease.org/wp-content/uploads/2023/05/Resource-Library-Brief-Advice-Counseling-Tools_5.23.23.pdf

Key take-aways

- Universal screening is the gold standard for PAVS
- The use of PROMIS is recommended for subpopulation of osteoarthritis patients in primary care. (Universal screening of PROMIS is recommended for specialties with primarily MSK patients (e.g., PT, rheumatology/ortho/physical rehabilitation)

- It may be beneficial to explore other screening tools in primary care to assess other ways to screen for arthritis early (e.g., AWV – Health Risk Assessment; SDOH)
- Explore how screening forms can be collected through EHR using clinical decision support pathways
- Strong group consensus that clinical diagnosis is critical for the model
- General group consensus to incorporate light physical activity question for PAVS to help capture activity levels for patients with arthritis
- Looking forward into brief advice/counseling, it is of utmost importance that counseling for PA emphasizes that PA will help reduce pain to bridge the gap in motivation to engage in PA

Presenters

Lisa Erck, National Association of Chronic Disease Directors

- Welcome

Katie Huffman, Osteoarthritis Action Alliance

- Review of AAEBIs for persons with arthritis

Lisa Erck, National Association of Chronic Disease Directors; Karen Schifferdecker and Kathy Carluzzo, The Dartmouth Institute for Health Policy, and Clinical Practice

- Recap and Outstanding Discussion – Arthritis Patient Screening

Shalu Garcha, National Association of Chronic Disease Directors; Dr. Joy, Intermountain Health and EIM; Katie Huffman, Osteoarthritis Action Alliance

- Methodology to support brief advice/counseling/triage and associated tools, including OA Care Tools

May 9th Recap and Outstanding Discussion:

Screening Background

Screening = identify eligible patients for advice/counseling and AAEBI referral

- We're proposing screening all patients at all visits using the Physical Activity Vital Sign (PAVS) and collecting certain PROMIS measures annually for patients diagnosed with OA or chief complaint of Knee/Hip pain.
- The goal of screening (physical activity, pain, and physical function) is accurate counseling and showing progress made on patient outcomes, population level outcomes, and pilot outcomes.
    - **PAVS:**
        - On average, how many days per week do you engage in moderate to vigorous physical activity (like a brisk walk)? ______ days
        - On average, how many minutes do you engage in physical activity at this level? ______ minutes
        - How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training? This is an optional question in PAVS, but the expert panel agrees that this question adds value to the arthritis care model.

- **PROMIS:**
    - Collect at (or before) annual physical/annual wellness visit to all patients (age ≥18) diagnosed w/OA *or* chief complaint of knee/hip pain + PAVS
    - **Physical Function (4 items)**
        - *In the past 7 days…*
        - Are you able to do chores such as vacuuming or yard work?
        - Are you able to go up and down stairs at a normal pace?
        - Are you able to go for a walk of at least 15 minutes?
        - Are you able to run errands and shop?
    - **Pain Interference (4 items)**
        - *In the past 7 days…*
        - How much did pain interfere with your day-to-day activities?
        - How much did pain interfere with work around the home?
        - How much did pain interfere with your ability to participate in social activities?
        - How much did pain interfere with your household chores?

<u>Review of AAEBIs</u>

- OA Action Alliance currently has two cross sectional tables with details for 1) AAEBIs for Physical Activity and 2) AAEBIs for Self-Management that span across all activity levels and the continuum of disease progression.
- OAAA is working on the development of a decision tree for appropriate PA

1. ***Should PROMIS (in addition to PAVS) be universal screening at every primary care visit?***

<u>Pros</u>

- Easier for workflow adoption
- Consistency with data collection
- Data collected before each visit which allows for streamlined process for portal build
- Not dependent on accurate diagnosis/updated problem list for algorithm to launch PROMIS for correct patient population
- Concern that many patients who have pain do not speak up until the arthritis is severe and PA level is non-existent or joint replacement is needed.
    - Universal PROMIS + PAVS screening would help catch the population that is being missed.

<u>Cons</u>

- More questions for patients + providers
    - As a primary care physician, the idea of adding more questions for the physician and patient at the point of care is an added burden.
        - Consider patients who are visiting for multiple conditions – perhaps think about visits that are focused just on arthritis.
    - Primary care providers/care teams don't have the time for all the screeners or capacity to handle the impact of assessing the screeners.
        - Most people will screen into low PA and should have an intervention.

- Final decision may fall to the health system and their specific EHR capability.
    - It may be beneficial to look at potential in Epic to create/build an algorithm to stratify for arthritis patients.
- PROMIS Physical Function 10 does not have enough questions to demonstrate change in function and pain over time to show outcomes for arthritis patients.
    - These are good screening tools for identifying who is having the most problems.

<u>Potential Considerations/Future Directions</u>

- Recommend universal screening for PAVS and then determine capacity of pilot site.
- Recommend PROMIS for subpopulations/arthritis patients in primary care (e.g., specialties – rheum/ortho/PT/primary care focused on MSK)
    - Need to investigate - Is the EHR system sophisticated enough to stratify to specific populations?
    - There are ways to customize how forms are being collected with EHR using clinical support pathways (e.g., the short form for pain could be triggered when there are four or more visits where pain is a chief complaint) – something to consider at demo site

- Recommend Expect Penal evaluates additional screenings (e.g., Medicare AWV, SDOH) that are currently used in primary care to assess early onset of arthritis.

2. ***Do we encourage PROMIS for chief complaint of knee/hip pain or limitation?***
    - *Is an age adjustment needed?*
    - *Should we share guidelines/tools to support accurate clinical diagnosis?*

    - The arthritis care model should include guidelines to support accurate diagnosis
        - There is a gap in the arthritis care model/literature for a clear decision support tool for accurate diagnosis.
        - Recommends that we consider including accurate clinical diagnosis for arthritis in the arthritis care model.
    - In a value-based care system orthopedics is a high cost, there are too many referrals based on population-based risk factors.
    - Dr. Joy talked about sports medicine at Intermountain connecting with CDSMP and AAEBIs to reduce joint replacements. There were far too many joint replacements occurring and there is a need to catch patients when they are capable of non-operative solutions.
    - ***<u>Clinical guideline is critical</u>*** **- Request for clinical guidelines that expert panelists are currently using and creation of a work group specifically for clinical diagnosis to collaborate on an official guideline from the group**

3. **Enhancement of PAVS questions for arthritis population to include light physical activity?**

    - Dr. Joy is using light physical activity at Intermountain Health
        - Used to screen all patients at least 18 years old at all visits

    - PAVS + "Rate the intensity of your weekly physical activity – light (casual walk; moderate (brisk walk); vigorous activity (jog)" + muscle strengthening question
    - Light, moderate, vigorous PA is included in her
    - Recommendation: PAVS + intensity + muscle strengthening
  - Light PA does not align with HL7 standards as HL7 only includes moderate and vigorous
    - HL7 Questions:
      - For an average week in the last 30 days, how many days per week did you engage in moderate to vigorous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?
      - On those days that you engage in moderate to vigorous exercise, how many minutes, on average, do you exercise?
  - Health IT standardization is based on tools that have existed for a lengthy period of time clinically and national certification standards are well behind technological ability. Any system could be customized to include light activity but it won't be a standard future for the foreseeable future. Dr. Burch can take concept of including light PA to the HL7 work group but even if it was accepted it wouldn't hit USCDI for maybe 3-5 years from now if we suggested it to ONC today.
  - Decision: No strong opinions against including light PA as a consideration as we move forward.

Thresholds for PROMIS+PAVS

- Physical Activity level (PAVS) by Physical Function Impairment (PROMIS Raw Scores)
  - Patients who do not meet PA recommendation and have low functional ability = refer to AAEBI that meets their ability/needs. Note that restrictions may apply.
  - Patients who do not meet PA recommendation and have high functional ability = refer to AAEBI list
- Physical Activity level (PAVS) by Pain Interference (PROMIS Raw Scores)
  - Patients who don't meet PA recommendation and have high pain interference = refer to AAEBI that meets their ability/needs. Note that restrictions may apply.
  - Patients who don't meet PA Recommendation and have low pain interference = refer to AAEBI list
- High correlation between pain interference and physical function
- It is extremely important when counseling for PA to emphasize to patients with pain that physical activity will ***reduce*** their pain – bridging the disconnect that occurs when people experience pain and don't ***want*** to be active
  - This speaks to the importance of adding light physical activity to arthritis care model.

Brief Advice/Counseling

- This second component, "Brief Advice/Counseling" of the proposed care pathway encompasses screening interpretation, risk assessment, readiness assessment, and patient preference
- Physical activity is a spectrum, ranging from activities of daily living to planned exercise

- SBIRT model – provider PA brief advice/counseling limited to 30 seconds, and supplemented by additional counseling from another care team member
- Overview of brief/advice counseling tools (i.e. SBIRT, 5As, Transtheoretical model, B=MAP, FITT) – refer to Resource Library for links to each tool

Homework: Power of 1 Activity
- Send any feedback by Friday, June 9th; feedback will also be collected through a Qualtrics survey prior to the next session on June 13th.
- Option 1:
    - Practicing Providers and CBO –Test 1 tool from the Resource Library, or a with 1 person with arthritis by the next meeting
    - Others may do above the exercise with a family member friend with arthritis
        - What worked for you or care team member?
        - What could be improved?
        - Any feedback on the tool from you, the care team member, or the person with arthritis on how they think it may support their self-management journey?
- Option 2:
    - Watch the 1 video on the resource page and provide feedback on how you think it may support the arthritis care model design

Outstanding items for consideration:
- Do we need age limit for screening protocol?
- It may be beneficial to explore other screening tools in primary care to assess other ways to screen for arthritis early (e.g., AWV – Health Risk Assessment; SDOH)

Resources:

- Article that compares PA screening tools: Golightly YM, Allen KD, Ambrose KR, Stiller JL, Evenson KR, Voisin C, Hootman JM, Callahan LF. Physical Activity as a Vital Sign: A Systematic Review. Prev Chronic Dis. 2017 Nov 30;14:E123. doi: 10.5888/pcd14.170030. PMID: 29191260; PMCID: PMC5716811. https://pubmed.ncbi.nlm.nih.gov/29191260/
- Dunlop et al, 2017 showed that 45 mins of moderate to vigorous physical activity was the minimum threshold for improved/sustained function with lower limb symptoms. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5521176/
- Children’s Mercy Launches Incentivized Trusted Network to Support Children and Families (findhelp.com)
- Engaging Patients in OA Management Strategies: Osteoarthritis Prevention and Management in Primary Care
- Exercise is Medicine Exercise Rx for Osteoarthritis
- Implementation of a Physical Activity Vital Sign in Primary Care: Association Between Physical Activity, Demographic Characteristics, and Chronic Disease Burden
- Integration of PAVS through HL7 work
    - https://www.exerciseismedicine.org/milestone-achieved-exercise-professionals-health-care/

    - https://myemail.constantcontact.com/Physical-Activity-News--April-2023.html?soid=1134319450480&aid=R5SxF7IghOs
    - http://hl7.org/fhir/us/physical-activity/2023May/measures.html
- Move your Way® campaign materials for adults and older adults